



- **OTHER EMPLOYMENT & EMPLOYMENT ASSISTANCE BENEFIT**
  - **FULL-TIME EMPLOYMENT BENEFIT**
  - **EMPLOYMENT RELATED EXPENSES**

**NAME:** \_\_\_\_\_ **MEMBER ID:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **CASE MANAGER NAME:** \_\_\_\_\_

**Have you or will you be starting Employment:**    **YES**    **NO**    **(if No, go to next section)**

**Position:** \_\_\_\_\_ **Name of Business:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_ **Business Phone Number:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_ **# Hours/Mth.:** \_\_\_\_\_

**Hours (circle one only):**    Full Time    Part Time    Casual    Call In

**PLEASE ATTACH VERIFICATION: CONFIRMATION OF EMPLOYMENT**

**Are you going back to school:**    **YES**    **NO**    **(if No, go to next section)**

**Name of Course:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**PLEASE ATTACH VERIFICATION: SCHOOL REGISTRATION**

**Please briefly outline your employment goals and what you are doing now.** (i.e. sending out resumes, attending resource center, attending interviews): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list the items that you are requesting help with:**

<b>ITEM(S):</b>	<b>ESTIMATED COST(S):</b>
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL AMOUNT REQUESTED:**    \$ \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

Issued: OEEAB \$ \_\_\_\_\_ FTEB \$ \_\_\_\_\_ ERE \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Date Approved: \_\_\_\_\_ Case Manager Name: \_\_\_\_\_ CM #: \_\_\_\_\_